

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	V(NN)		03-30-01
FORMALITY REVIEW	VO	TC 1126	05/25/01
RESPONSE FORMALITY REVIEW			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Original		Final	
1	9/5	2		51	5/1
2		3		52	
3		4		53	
4		5		54	
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28		29		78	
29		30		79	
30		31 ✓		80	
31 ✓		32		81	
32		33		82	
33		34		83	
34		35		84	
35		36		85	
36		37		86	
37		38		87	
38		39 0		88	
39 0		40 ✓		89	
40 ✓		41		90	
41		42		91	
42		43		92	
43		44		93	
44		45		94	
45		46		95	
46		47		96	
47		48		97	
48		49 ✓		98	
49 ✓		50		99	
50				100	

**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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